PTO/SB/08A (07-06)

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Complete if Known Substitute for form 1449/PTO **Application Number** Filing Date INFORMATION DISCLOSURE First Named Inventor Andreas Christel STATEMENT BY APPLICANT Art Unit (Use as many sheets as necessary) **Examiner Name** Attorney Docket Number 76775.17

of 1

Sheet 1

Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	Τ.			
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Examiner Signature	Date Considered	

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